

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>LRP</i>		<i>3/28/00</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>RSO</i>		<i>4/1/00</i>
<b>FORMALITY REVIEW</b>	<i>CV</i>	<i>4/2/00</i>	<i>05/14/00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date	
Final	Original	
1	✓	✓
2	✓	✓
3	✓	✓
4	N	N N N
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	N	N N N
10	✓	✓
11	✓	✓
12	✓	N
13	✓	N
14	✓	N
15	✓	N
16	✓	N
17	✓	N
18	✓	✓
19	✓	N
20	✓	N
21	✓	N
22	✓	N
23	N	N N N N
24	✓	✓
25	✓	✓
26	N	N N N N
27	✓	N
28	✓	N
29	✓	N
30	✓	N
31	✓	N
32	✓	N
33	✓	N
34	✓	N
35	✓	N
36	✓	•
37	✓	N
38	✓	N
39	✓	N
40	✓	N
41	✓	N
42	✓	N
43	✓	N
44	✓	N
45	✓	N
46	✓	N
47	✓	N
48	N	N N N N
49	✓	✓
50	N	N N N N

Claim	Date	
Final	Original	
51	✓	✓
52	✓	✓
53	✓	✓
54	✓	✓
55	✓	✓
56	✓	✓
57	✓	✓
58	✓	✓
59	✓	✓
60	✓	✓
61	✓	✓
62	✓	N
63	✓	N
64	✓	N
65	✓	N
66	✓	N
67	✓	N
68	✓	N
69	✓	N
70	✓	N
71	✓	N
72	✓	N
73	✓	N
74	✓	N
75	✓	N
76	✓	N
77	✓	N
78	✓	N
79	✓	N
80	✓	N
81	✓	N
82	✓	N
83	✓	N
84	✓	N
85	✓	N
86	✓	N
87	✓	N
88	✓	N
89	✓	N
90	✓	N
91	✓	N
92	✓	N
93	✓	N
94	✓	N
95	✓	N
96	✓	N
97	✓	N
98	✓	N
99	✓	N
100	✓	N

*DEFECT**ALL ARIE COPY*If more than 150 claims or 10 actions  
staple additional sheet here